

Permit No.

(1) OWNER: Name RHODODENRON PARK Address P.O. Box 698 coupeville

(2) LOCATION OF WELL: County ISLAND Gov. Lot 2 x Sec. 2 T. 31 N., R. 1 E W.M.

Bearing and distance from section or subdivision corner

(3) **PROPOSED USE:** Domestic ☒ Industrial ☐ Municipal ☒
Irrigation ☒ Test Well ☐ Other ☐

(4) TYPE OF WORK: Owner's number of well (if more than one).....

New well	<input checked="" type="checkbox"/>	Method: Dug	<input type="checkbox"/>	Bored	<input type="checkbox"/>
Deepened	<input type="checkbox"/>	Cable	<input checked="" type="checkbox"/>	Driven	<input type="checkbox"/>
Reconditioned	<input type="checkbox"/>	Rotary	<input type="checkbox"/>	Jetted	<input type="checkbox"/>

(5) **DIMENSIONS:** Diameter of well 6 inches.
 Drilled 283 ft. Depth of completed well 283 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6" Diam. from 0 ft. to 278 ft.

Threaded ☐ " Diam. from ft. to ft.

Welded ☒ " Diam. from ft. to ft.

Perforations: Yes ☐ No ☒

Type of perforator used.....

SIZE of perforations in. by in.

..... perforations from ft. to ft.

..... perforations from ft. to ft.

..... perforations from ft. to ft.

Screens: Yes ☒ No ☐
 Manufacturer's Name Johnson
 Type STAINLESS Model No. W-185
 Diam. 6 Slot size 20 from 278 ft. to 283 ft.
 Diam. Slot size from ft. to ft.

Gravel packed: Yes ☐ No ☒ Size of gravel:
Gravel placed from ft. to ft.

Surface seal: Yes ☒ No ☐ To what depth? 18+ ft
Material used in seal CEMENT
Did any strata contain unusable water? Yes ☐ No ☒
Type of water? Depth of strata
Method of sealing strata off

(7) PUMP: Manufacturer's Name STA-RITE
Type: Sub HP 2

(8) **WATER LEVELS:** Land-surface elevation 190 (Quad) ft.
 Static level 125' 6" ft. below top of well Date Oct 75
 Artesian pressure _____ lbs. per square inch Date _____
 Artesian water is controlled by _____ (Cap., valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☐ No ☐ If yes, by whom?.....

Yield:	gal./min. with	ft. drawdown after	hrs.
"	"	"	"
"	"	"	"

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)					
Time	Water Level	Time	Water Level	Time	Water Level

Date of test
 Bailor test 20 gal./min. with 100 ft. drawdown after 4 hrs.
 Artesian flow g.p.m. Date
 Temperature of water Was a chemical analysis made? Yes ☐ No ☐

(10) WELL LOG:

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
GRAVEL	0	46
SAND - GRAVEL	46	55
HARD PAN	55	59
SANDY - clay	59	99
GRAVELY	99	102
SAND	102	129
WATER SAND FINE	129	142
SOUPY FINE WATER SAND	142	168
SANDY CLAY	168	180
SOUPY FINE SAND	180	187
CLAY	187	192
SOUPY SAND	192	196
SANDY CLAY	196	212
CLAY	212	264
HARD PAN	264	276
WATER GRAVEL	276	283
(STILL good AT	283)	
STATIC	125%	

STATIC 125'6"

Work started SEPT 22 1915 Completed OCT 13 1915

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME WHIOBEY WELL DRILLERS
(Person, firm, or corporation) (Type or print)

Address OAK HARBOR WN

[Signed] Dennis Faber
(Well Driller)

License No. 0129 Date Oct, 1975

(Pump test to be made later date)

(USE ADDITIONAL SHEETS IF NECESSARY)



Well Tagging Form

Unique Well Tag No:

ALREADY TAGGED
AGASIS AAF258

RECORD VERIFICATION (check one)

- ☒ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name

RHODDENDEN

PK 11801-M

Last Name

Street Address

City

State

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address

City

County

T _____ N R _____ WM Sec _____

1/4 of the _____

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Latitude W122° 38.679

Longitude N48° 11.787

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available.

- ☒ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

☐ Location marked on topographic map (please attach)

☐ Location marked on air photo (please attach)

State Health

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WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

6" CASING, TNC (PARK), ^{WOOD} SHED WITH PRESSURE TANKS, WELL OUTSIDE HOUSE
IN SEPARATE HOUSE THAT IS MID-HEIGHT AND COMPOSED OF WOOD

Location of Well Identification Tag

Was supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

If yes where was tag placed?

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

Scale 1 24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point

SECTION

01-E

COMMENTS

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right #

Date Issued

Circle One

Application

Permit

Certificate

Claim

Exempt